

Office Financial Understanding

Welcome to our practice! We appreciate the trust you have placed in us!!

In order to enhance communication and promote understanding regarding our office's Financial and Broken Appointment policy, please read through the following information. We are committed to providing you the best possible dental care. If you have dental insurance, we will always do our best to help you maximize your allowable benefit. **Dental insurance companies do not normally cover 100% of any dental fee and in many cases, cover less than 50% or sometimes make no payment. Your level of benefits varies with the amount of money your company is willing to spend on dental benefits.**

- **In order to honor any insurance benefits: you must provide accurate insurance information, present a current eligibility card and we must be able to verify the current benefits available.**
- Professional services are rendered and charged to you, not the insurance company. Please understand that the contract is between you, your employer and the insurance company. Payment for services is your responsibility.
- We will accept assignment on claims for both primary and secondary insurance. All deductibles and fee amounts not covered by insurance are due at the time of treatment unless written financial arrangements are made with the Financial Coordinator prior to starting treatment.
- Insurance claims will be filed Immediately by our Financial Coordinator and benefits are expected within 30 days.

Our office will not enter into a dispute with your insurance company over your claim. This is your responsibility and obligation; we will file your claim one time. If the claim is not paid by your carrier in 60 days, the unpaid portion will automatically become "self-pay" and a statement will be sent to you for the unpaid portion. All fees are interest free for 60 days from the date of service. **In accordance with the Federal Truth-in-Lending Act, all account balances over 60 days will be charged 1.5% interest per month or 18% per annum.**

COORDINATING BENEFITS/MINORS: If you have two forms of benefit coverage, we will consider your coverage as primary and your spouse's coverage as secondary. If your dependent has two plans, we will apply the Birthday Rule to determine the primary and secondary coverage. In the case of a minor, the parent or guardian that accompanies the patient is responsible for payment. Children under 18 must be accompanied by an adult unless you have called the dental office and made other arrangements.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. We will do our best to give you an estimate of your investment in your dental health for each upcoming appointment. If you have dental insurance we will provide an estimate of your co-payment and collect your portion at the time of your appointment. Treatment recommendations and Financial Arrangements will be discussed and agreed on prior to scheduling treatment. **We accept cash, personal checks, Visa, MasterCard, and Discover. We also offer CARE CREDIT, an outside healthcare financing program that offers interest free payment plans upon approval.**

OFFICE FEES: If you present a check with insufficient funds, or place a stop payment on an issued check, you will be charged a \$40.00 fee for processing (subject to change based on bank fees).

BROKEN APPOINTMENT POLICY: 2 Business Day Notice is required for rescheduling appointments. As a courtesy, we will make every attempt to remind you of your scheduled appointments. Please consider your scheduled appointments carefully. We kindly ask for a 2 day notice of cancellation in order to allow other patients the opportunity to take advantage of the change in schedule. If we do not receive a 2 day notice, we may charge (\$50.00) for the scheduled time. This cannot be charged to your insurance company. If you repeatedly miss scheduled appointments, you may be asked to pre-pay to reserve your appointment. We do understand that sometimes last minute changes are unavoidable. Individual circumstances may be discussed with the Scheduling Coordinator and/or Business Manager.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR ACCOUNT, PLEASE DON'T HESITATE TO ASK!

I HAVE READ AND UNDERSTAND THE STATEMENTS OUTLINED ABOVE.

Signature: _____ Date: _____

STAFF _____